

STATE OF GEORGIA  
NOTIFICATION DATA FOR UNDERGROUND STORAGE TANK

FACILITY ID: \_\_\_\_\_

County: \_\_\_\_\_

**PART 1: Facility Data**

**Total Number of Active Tanks** \_\_\_\_\_

**OWNERSHIP OF TANKS:**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

**OPERATOR OF TANKS:**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

**LOCATION OF TANKS:**

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

**FACILITY TYPE:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Aircraft Owner  | <input type="checkbox"/> Educational          | <input type="checkbox"/> Government City   | <input type="checkbox"/> Petroleum Distributor |
| <input type="checkbox"/> Airline         | <input type="checkbox"/> Farm                 | <input type="checkbox"/> Government County | <input type="checkbox"/> Railroad              |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Federal Military     | <input type="checkbox"/> Government State  | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Commercial      | <input type="checkbox"/> Federal Non-Military | <input type="checkbox"/> Hospital          | <input type="checkbox"/> Truck/Transport       |
| <input type="checkbox"/> Contractor      | <input type="checkbox"/> Gas Station          | <input type="checkbox"/> Industrial        | <input type="checkbox"/> Utilities             |

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**FINANCIAL RESPONSIBILITY:**

{ } I meet the financial responsibility requirements of §12-13-9 Official Code of Georgia Annotated by providing or participating in one of the following financial assurance mechanisms.

**Primary Financial Responsibility Mechanism: (check one)**

Gust Trust Fund       Risk Retention Group       Guarantee       Surety Bond  
 Self-Insured       Trust Fund (other than GUST)       Letter of Credit       Insurance

If a primary coverage mechanism other than GUST Trust Fund is checked provide the following information pursuant to GUST Rule 391-15-12(1)

**Financial Responsibility Provider (Primary):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mechanism ID Number: \_\_\_\_\_ Mechanism Anniversary Date: \_\_\_\_\_

**Deductible Financial Responsibility Mechanism: (check one)**

**Note:** If your primary Financial Responsibility Mechanism is provided through participation in GUST Trust Fund by payment of Environmental Assurance Fees, as required under GUST Rule 391-3-15-13, you must also check one of the following boxes indicating how coverage for the GUST Trust Fund \$10,000 deductible is being provided.

If your primary Financial Responsibility Mechanism is other than GUST Trust Fund and it has a deductible, you must also check one of the following boxes indicating how coverage for the deductible is being provided.

Surety Bond       Risk Retention Group       Guarantee       Insurance  
 Self-Insured       Trust Fund (other than GUST)       Letter of Credit

Provide the name and address of Financial Responsibility Provider for deductible pursuant to GUST Rule 391-15-12.

**Financial Responsibility Provider (Deductible):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mechanism ID Number: \_\_\_\_\_ Mechanism Anniversary Date: \_\_\_\_\_

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**PART 2: Tank Data**

**Tank Status:**

Tank ID	Install Date	Tank Age	Tank Capacity	Currently in Use	Temporarily Out of Use	Removed from Ground	Removed Date	Closed in Ground

**Tank Status (Continued):**

Tank ID	Date Closed in Ground	Date Last Used	Filled with Inert Material	Intent To Close Form (GUST-29) Received Date	Emergency Generator?

**Substance Stored in Tank:**

Tank ID	Gas	Gasohol	Diesel	Kerosene	Used Oil	Aviation Fuel	New Oil

**Hazardous Substance Stored in Tank:**

Tank ID	Hazardous ID	Hazardous Name	Cas Number	Cercla Number

**Material of Construction:**

Tank ID	Bare Steel	Steel-Imprinted Current (Install Date)	Steel-Galvanic (Install Date)	STIP-3	Epoxy	Epoxy/Double Walled	Tank Jacket

**Material of Construction (Continued):**

Tank ID	Fiberglass	Fiberglass /Double Walled	Composite	Composite/ Double Walled	Lined Interior	Excavation Liner	Concrete (Historical Use Only)

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**Spill and Overfill:**

Tank ID	Overfill Type	Overfill Install Date	Overfill Exempt	Spill Install Date	Spill Exempt

**PART 3: Piping Data**

**Piping Status:**

Tank ID	Install Date	Currently in Use	Temporarily Out of Use	Removed from Ground	Removed Date	Closed in Ground

**Piping Status (Continued):**

Tank ID	Date Closed in Ground	Date Last Used	Filled with Inert Material	Intent To Close Form (GUST-29) Received Date

**Piping Material:**

Tank ID	Install Date	Above Ground Piping	Bare Steel	Steel-Imprinted Current (Install Date)	Steel-Galvanic (Install Date)	Fiberglass Reinforced Plastic

**Piping Material (Continued):**

Tank ID	Fiberglass/ Double Walled	Single Walled Flex	Double Walled Flex	Copper	Steel Secondary Containment	Double Walled (Historical Use Only)

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**Piping Type:**

Tank ID	Suction: No Valve at Tank	Suction: Valve at Tank	Pressure	Gravity Fed

**PART 4: Release Detection**

**Release Detection – Tank(s):**

Tank ID	Automatic Tank Gauge	Interstitial Monitoring/ Secondary Containment	SIR (Statistical Inventory Reconciliation)	Inventory Control/Tank Tightness Testing	Manual Tank Gauging (Only valid for tanks <2000 gals)	Ground Water Monitoring

**Release Detection – Tank(s) (Continued):**

Tank ID	Vapor Monitoring (Not Stage II)	Exempt

**Release Detection – Piping:**

Tank ID	Mechanical Line Leak Detector	Electronic Line Leak Detector	Line Tightness Testing	Interstitial Monitoring/ Secondary Containment	SIR (Statistical Inventory Reconciliation)	Ground Water Monitoring	Vapor Monitoring (Not Stage II)	Exempt

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**PART 5: Certification**

**Oath of Installation:**

I certify the information concerning installation of the UST system, release detection, and spill/overfill protection specified in Part 2: Tank Data is true to the best of my belief and knowledge.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number (include Area Code)

\_\_\_\_\_  
Date

**Owner Certification:**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and the attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

\_\_\_\_\_  
Owner Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date